

CASA News and Views Cochise County Newsletter

July/August 2013 Features

CASA Coordinator
Joan Hansen

CASA Support
Lisette Olivares

Phone: 432-7521
Fax: 432-7247



Co-Editors: Joan Hansen, LuRue Troyer
Published by LuRue Troyer
troyer1234@gmail.com

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Coordinator's Comments



It has come to my attention due to the questions at the court report writing class, that not everyone was familiar with the Foster Care Review Board (FCRB) and the Child and Family Team (CFT) Meetings. So these comments are going to be dedicated to what you need to know about FCRB and CFTs. The information comes from the Advocacy Academy Manual and the Beyond the Basics Manual.

The Foster Care Review Board is made up of community volunteers who review the cases of all children involved in dependency proceedings and who reside in an out-of-home placement. FCRB reviews occur at least twice a year for as long as the child remains in out-of-home placement.

Reviews may be attended by the case manager, foster parents, biological parents, **CASA volunteers**, attorneys, and sometimes the children. Each party updates the FCRB with whatever information they think is pertinent to the review of the case and then the members of the FCRB will ask questions about the case. Boards then collectively make recommendations to the court concerning not only the "best interest" issues of the child, but also make recommendations for system changes to the appropriate entities. Though it says **may** be attended, I highly recommend attending these board meetings as they are very informative and it gives you a chance to advocate for your child/youth.

The Child and Family Team (CFT) is a defined group of people that includes, at a minimum, the child and his/her family, a behavioral health representative, and any individuals important in the child's life and who are identified and invited to participate by the child and family. If you are a CASA volunteer on a case that has CFTs being conducted you need to find out when the next meeting is so that you can ask to be included. The behavioral health manager is the individual responsible for setting up the meetings and notifying the participants. You may not know who that person is or even the agency that is responsible, the next person to check with is the CPS case manager. **This is a very informative meeting and you need to be part of the team.**

Families have a powerful role in the Child and Family Team process, actively participating in the process of assessing needs, identifying team members, developing, and implementing the plan.

Effective CFTs function in a flexible manner and are unique and as such, each CFT experience is different. Frequency of CFT meetings, intensity of activity between CFT meetings, and level of involvement by formal and informal supports necessary to adequately support children and families will vary depending on the following:

- The size of the team, coordination efforts required, and the ability of the CFT to work effectively together.
- The number of distinct services and supports necessary to meet the needs of the child and family.
- The frequency of CFT meetings necessary to effectively develop a plan, track progress and make modifications when needed.
- The number of agencies/systems involved.
- The severity of symptoms and the effectiveness of services.
- The stress that is currently affecting the child and family.

The Child and Family Team, with the assistance of the behavioral health representative, is responsible for overseeing and facilitating decision-making regarding the child's behavioral health services.

The Child and Family Team is expected to carefully consider and give substantial weight to family preferences in formulating its views on the developing service plan, acknowledging the family's expert knowledge of their child. In determining how to successfully meet its objectives, the Child and Family Team should concentrate on the underlying needs of the child (and of the family in providing for the child) and on the type, intensity, and frequency of supports needed.

Joan Hansen
Cochise County CASA Program Coordinator

August 2013						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2 Bisbee Back to School Fair @ Safeway Plaza 9 AM – 1 PM	3
4 Friendship Day	5	6	7	8 Ginger S. 	9 Book Lover's Day	10 Douglas C. A.R.E Fair @ Veteran's Memorial Park 9 AM – 1 PM
11	12 Middle Child's Day	13	14	15 Relaxation Day	16	17
18	19	20 Lynn: Court Report Due for L/K	21	22	23	24 Marie G. 
25 Krista O. 	26 National Dog Day	27 Anita C. 	28	29 More Herbs Less Salt Day	30 Patti: Court Report due for J Case	31

Created by Lissete Olivares, CASA Support

Joan is Leaving

by **Mary Blanchard**, Cochise County CASA Volunteer

I was visiting grandchildren when the newsletter came out, so I didn't read about Joan retiring right away. When I did, I was stunned. Yes, she almost retired a while back, and she has been super busy taking care of all of us for 11 years, but my perfect world is one that continues without change. I know that does sound strange coming from a CASA volunteer whose CASA kids change their behavior every other minute, but Joan has been a constant in my CASA experience for the majority of my time as a volunteer.

I know that everyone retires eventually, but Joan stepping down was a major blow. Thank goodness she will remain part time for the foreseeable future.

Our CASA program has been strong since its very beginning. Our coordinators have been outstanding, and our volunteers have done amazing work with kids. That work will continue, and we will meet all the challenges that the future brings.

Joan has devoted countless hours to improving the Cochise County CASA program. The training and support for new volunteers is much, much better. When I started as a CASA volunteer, I jumped in and learned as I went along. Now the new volunteers meet in groups with Joan for additional training. Not only do they learn more about being a CASA volunteer, but they learn a whole lot more about court report writing. Our judge depends on us to tell her what is going on in our case, and she expects us to make recommendations that will help her in making her decisions. In the last 11 years, our ability to write meaningful reports that are useful to the judge has improved dramatically.

To this day, I am grateful to my mentor, Anita Cogburn, for being my role model. Joan continued the mentor program, and it is stronger than ever. Being a mentor is one of my favorite CASA duties. A new volunteer is able to get advice from an experienced CASA volunteer who quickly refers him/her to

Joan if the problem needs her expertise. It thrills me to watch my mentees quickly develop into outstanding CASA volunteers. Our program has been able to recruit people who are able to influence the lives of the children they work with and to advocate successfully for their needs. And every single CASA volunteer looks to Joan for guidance, encouragement, and leadership.

Joan and LuRue started the newsletter. It has been a resource to keep us informed about the latest changes. Stories and articles about our fellow CASA volunteers have helped us get to know each other. Lissete's calendar has alerted us about court report deadlines, birthdays, and trainings.

All of us have stories and memories about Joan. Her positive influence kept me going when things got tough. We shared laughter and we shared tears, and through it all she gave everything she had to help me advocate for my CASA kids.

The Next Generation

by **Mary Blanchard**, Cochise County CASA Volunteer

I've been a CASA volunteer long enough for some of my CASA kids to have kids. All of the children seem to be doing well. One young lady, the daughter of Joy (my second CASA kid), will be eight years old this month. I was present when she was born, and I have been in contact with her mother ever since.

We read articles about the tendency for children who have been abused to repeat the cycle with their own children. There may be cases where this happens, but I believe that people who have had to overcome horrific childhoods may also find the strength and resilience to overcome their past and be wonderful parents.

I was talking with Joy's daughter this morning. This young lady is a total extrovert, and she is comfortable interacting with anyone. Her parents worked hard to become wonderful parents for this child and her stepbrother. And they succeeded. It is not enough to simply love and adore a child; it is also necessary to be a proper parent. A proper parent is firm, fair, and consistent. Joy

is all of these things.

Joy and her daughter have already gotten everything ready for the big birthday party. Friends are invited for a sleepover, and guests will get to decorate a party shirt and a special pillowcase with the special permanent markers that are like finger paint. This year, the birthday cake is being baked by mom, and the guests all asked to come early and help with the cake and decorations. It will be a day to remember!

Joy didn't get to experience a normal childhood, so she and her family are creating their own special celebrations. I told Joy that raising her daughter and stepson will give her the experience of what a happy childhood is like. And when she is a grandmother, she will be able to watch her grandchildren, the next generation, enjoy a happy, carefree childhood.

Quote of the Day

"When you have exhausted all possibilities, remember this — you haven't."

~ Thomas A. Edison

About Thomas A. Edison

Thomas Edison, the American inventor who made his early fortune with the stock ticker and the phonograph record, is credited with inventing the light bulb — although he simply improved upon the original idea by making the bulb burn longer. Edison was born in 1847 in Ohio. He was a dreamer in school; his teacher called him "addled," and his mother taught him at home. He used the money from his inventions to set up a lab with a number of employees; he held a record 1,093 patents in his name. He died in 1931.

Reaching Out to Surrounding Communities

by **Jennifer Rein**, Cochise County CASA Volunteer

With the summertime comes many ways to get out and enjoy our communities and all events they offer. We have been fortunate enough to be part of many of these events lately where we are able to spread the word about CASA.

Recently we did an event in Huachuca City that was focused on raising funds for the Cochise County Children's Center. At this event we spoke to many parents while their children got to make their own bead bracelets. At this event we had Penny Duvall, Ned Letto, Mary Blanchard, Joan and myself helping out. I think we had more fun watching each other "attempt" to make bracelets than should have been allowed. We had upside down names (Joan), bracelets almost completed but then dropped (Ned), and pretty color patterns that put us all to shame (Penny). Even though it was an overcast day, I think it was a great hit.

Another event that we just finished up was the Benson Back To School Fair. This event went by so fast that as soon as we set up it felt like it was over. Tracy Diaz and Penny Duvall were nice enough to make the drive out there with me. We passed out over 100 pencils, all of our pens, and notepads. But I think the balloons were the biggest hit with the kids since they were not ready to go back

to school and all the supplies they were receiving made them realize school was just around the corner.



~Continued on next page



Our next events coming up are the Bisbee Back To School Fair and the Douglas Care Fair. So, as you can see, no community is too far for us to take the chance to spread the word about CASA.



The Helping Professions

by **Mary Blanchard**, Cochise County CASA Volunteer

As CASA volunteers, we work with the helping professions, especially with CPS, behavioral health services, and many times with teachers. Others come to mind, but we also need to recognize the people who work in jobs where they may not be immediately identified as helping others.

For 13 years, I have marched past Radio Shack every day, and sometimes I go inside to make a purchase, but it wasn't until about four years ago that I saw one of my CASA kids, now all grown up, working there. This young man was one of my favorites, despite the fact that he resisted finishing high school, and I had to persist in insisting that he graduate. I won. He was glad to be rid of me, but we reconnected after he aged out and became good friends.

As we stood outside Radio Shack, he introduced me to his store manager and told me all about his plans for the future. After that, we waved and occasionally chatted until he moved to Phoenix. One day, a teaching buddy happened to mention that one of our former students worked in Radio Shack. I asked her who the person was, and she told me, "Why it's Shon Hodges, of course!"

The next time I went walking, I peeked in and saw the manager, so I walked in and asked if Shon Hodges worked there. He replied, "I'm Shon Hodges, Mrs. Blanchard."

I looked closely. The man I saw looked very different from the 8th grade boy I had taught, but, yes, it was Shon Hodges.

I asked about my CASA kid, and Shon told me they still kept in touch and, and he brought me up to date on his new job. My former students are always very special, and Shon is even more special because of his connection to one of my CASA kids. I began to peek in every time I passed Radio Shack, and if Shon was there and not busy, I would smile and wave and occasionally chat. I also began to notice that the young men and women working in the store came and went more often than I would have expected.

I finally asked Shon about this, and he told me he was Radio Shack's district training sales manager and that he had been with the Tucson district for 13 years. One of his responsibilities is to identify young people who looked as if they might be a good fit for Radio Shack. He then would mentor and train them. He told me my CASA kid was one

of these and that he had worked with him and turned him into a fine employee.

Wow and double wow! My former student, Shon Hodges, is a member of the helping professions. I shared this with him; he thought about it and said, "Yes, I guess you could say that."

It is so wonderful that there are people like Shon who are willing to work with young people who might not get a chance with someone else. Shon says he looks for people who are willing to work and who seem to have potential to get along with customers. His expectations are clearly stated, and he will re-teach if an employee doesn't get it at first. His goal is to develop a responsible, reliable, customer-oriented employee. Some of his employees relocate to other stores.

I discovered a member of the helping professions who is managing Radio Shack. Look around and see where you discover someone who is doing this. Maybe you can even chat with this person and thank him/her for giving some young person an extra chance to be successful.



**Ned and Patricia Letto named
Arizona Knights of Columbus Family of the Year 2012 - 2013**

On May 18 Ned and Patricia Letto were named the Arizona Family of the Year by the Knights of Columbus. The presentation was made at a banquet held in conjunction with the annual state convention in Phoenix.

The Knights of Columbus is a Catholic Fraternal Organization with more than 1.8 million members. There are more than 120 local Knights of Columbus Councils in Arizona. Ned is a member of Our Lady of the Mountains Council 10799.

Pictured lower left to right are: Bishop Olmsted, Diocese of Phoenix; Father Crino, Chaplain; Patricia Letto; Ned Letto; State Deputy Bryant Sayers.

Chain of Command

by **Mary Blanchard**, Cochise County CASA Volunteer

Through the years, I have written several articles about our behavioral health services. I wrote an article last year about what a CASA volunteer can do when behavioral health fails to provide the services that are listed in the case plan. What I suggested was for the CASA volunteer to speak up and request that the services be provided. Cenpatico is the for-profit provider. AzCA and ACTS provide our local behavioral health service.

A week ago I had occasion to follow my own advice. The case plan stated that weekly individual counseling was to be provided for one of my CASA kids. Furthermore, the person doing the counseling was to be a licensed therapist. The 2nd CFT came and went and **still** no counseling. I sent an e-mail to the ACTS case manager and got no response.

You must contact the person who is directly responsible for providing the service before you file a complaint. It is

common courtesy to give the responsible person a chance to take care of the problem.

Joan also must be informed.

I got no response from the behavioral health case manager.

Next I contacted my girl's lawyer, and she suggested that I call the local program director for the Sierra Vista ACTS office. I called John Hooper ([1-866-966-0220](tel:1-866-966-0220) e-mail jhooper@actsaz.com). I left a message briefly explaining my problem. He called me back in less than 30 minutes. The problem was soon resolved. The case manager scheduled the counseling, and my girl now has weekly individual counseling.

If you have a problem with services, follow the guidelines.

1. Contact the behavioral health case manager directly. If you do not get a response, take the next step.

2. Let Joan know what you are doing.
3. Call or e-mail the local program director of the behavioral health provider for your case.
4. Call Centpatico if the problem is not resolved.

The AzCA local program director is Steve Ochs (224-9100 ex 1862, e-mail sochs@arizonaschildren.org), and the ACTS local director is John Hooper (see above). Contact them before calling Cenpatico (customer care center [866-495-6738](tel:866-495-6738)).

Remember you are part of a team, and you want to encourage everyone to make it a win/win experience. Don't blindside anyone. You are part of the team that is working to ensure that the services that are listed in the case plan are provided. If that doesn't happen, take appropriate action.



Dangerous New Fad

Alcohol Smoking

The Problem:

A dangerous new trend has many medical experts and addiction prevention teams working to spread awareness to parents of teens. The fad is "smoking" alcohol, which essentially involves people pouring liquor over dry ice and then inhaling the vapors. The extremely low temperature of the dry ice vaporizes the liquid containing alcohol and the user then inhales the vapors let out as a result of the chemical reaction. The method has become especially popular with young people because it gives them a quick "buzz" with fewer calories than the regular drinking consumption of alcohol. See report at the link below

<http://www.wbtw.com/story/22411154/pee-dee-addiction-prevention-expert-warns-about-dangers-of-alcohol-smoking>

The Danger:

Extremely dangerous since, as the report states, the body of the individual doing this does not have time to process the alcohol in a manner conducive to a "body" warning of too much alcohol consumption. The result can be a fatal overdose of alcohol via poisoning. In addition, dry ice by itself presents the dangers of :

Asphyxiation - Dry ice rule #1 is that you must use it in a well ventilated area. As dry ice warms up, it releases carbon dioxide gas in to the air. Too much carbon dioxide gas can cause asphyxiation and even death.

Dry Ice Burn - Dry ice is extremely cold. It is at least -109.3 °F and will actually kill the skin upon contact.

Internal Organ Damage - Do not swallow dry ice. It can burn your esophagus and cause stomach damage. This is extremely painful and dangerous.

User Actions:

There is no regulatory guidance prohibiting the consumption of alcohol outside the duty day and there is no indication this fad has reached the ranks; however, leaders at all levels must become familiar with the existence of and hazards associated with this fad. Although no recognizable unique symptoms have been made available, the presence of dry ice in an alcohol consumption environment may signify the presence of the potentially fatal practice.

Leaders and Soldiers alike must enforce common sense standards throughout the force. Providing all of our Soldiers a safe environment to train, fight and relax must be a top priority.

PROTECTING THE FORCE THROUGH COMPREHENSIVE RISK MANAGEMENT

Safety Alert Message

U.S. Army Forces

Command

May 2013

What is Mental Health?

<http://www.mentalhealth.gov/>

Mental health includes our emotional, psychological, and social well being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

Over the course of your life, if you experience mental health problems, your thinking, mood, and behavior could be affected. Many factors contribute to mental health problems, including:

- Biological factors, such as genes or brain chemistry
- Life experiences, such as trauma or abuse
- Family history of mental health problems

Early Warning Signs

Not sure if you or someone you know is living with mental health problems? Experiencing one or more of the following feelings or behaviors can be an early warning sign of a problem:

- Eating or sleeping too much or too little
- Pulling away from people and usual activities
- Having low or no energy
- Feeling numb or like nothing matters
- Having unexplained aches and pains
- Feeling helpless or hopeless
- Smoking, drinking, or using drugs more than usual
- Feeling unusually confused, forgetful, on edge, angry, upset, worried, or scared
- Yelling or fighting with family and friends
- Experiencing severe mood swings that cause problems in relationships
- Having persistent thoughts and memories you can't get out of your head
- Hearing voices or believing things that are not true
- Thinking of harming yourself or others
- Inability to perform daily tasks like taking care of your kids or getting to

work or school.

Mental Health and Wellness

Positive mental health allows people to:

- Realize their full potential
- Cope with the stresses of life
- Work productively
- Make meaningful contributions to their communities

Ways to maintain positive mental health include:

- Getting professional help if you need it
- Connecting with others
- Staying positive
- Getting physically active
- Helping others
- Getting enough sleep
- Developing coping skills

Mental Health and Substance Use Disorders

Mental health problems and substance use

~Continued on next page

What is Mental Health (Continued)

disorders sometimes occur together. This is because:

- Certain illegal drugs can cause people with an addiction to experience one or more symptoms of a mental health problem
- Mental health problems can sometimes lead to alcohol or drug use, as some people with a mental health problem may misuse these substances as a form of self-medication
- Mental and substance use disorders share some underlying causes, including changes in brain composition, genetic vulnerabilities, and early exposure to stress or trauma

More than one in four adults living with serious mental health problems also has a substance use problem. Substance use problems occur more frequently with certain mental health problems, including:

- [Depression](#)
- [Anxiety disorders](#)
- [Schizophrenia](#)
- [Personality disorders](#)

Substance Use Disorders

Substance use disorders can refer to substance use or substance dependence. Symptoms of substance use disorders may include:

- Behavioral changes, such as:
 - Drop in attendance and performance at work or school
 - Frequently getting into trouble (fights, accidents, illegal activities)
 - Using substances in physically hazardous situations such as while driving or operating a machine
 - Engaging in secretive or suspicious behaviors
 - Changes in appetite or sleep patterns
 - Unexplained change in personality or attitude
 - Sudden mood swings, irritability, or angry outbursts
 - Periods of unusual hyperactivity, agitation, or giddiness
 - Lacking of motivation

- Appearing fearful, anxious, or paranoid, with no reason
- Physical changes, such as:
 - Bloodshot eyes and abnormally sized pupils
 - Sudden weight loss or weight gain
 - Deterioration of physical appearance
 - Unusual smells on breath, body, or clothing
 - Tremors, slurred speech, or impaired coordination
- Social changes, such as:
 - Sudden change in friends, favorite hangouts, and hobbies
 - Legal problems related to substance use
 - Unexplained need for money or financial problems
 - Using substances even though it causes problems in relationships

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What is Mental Health (Continued)

Recovering from Mental Health Problems and Substance Use

Someone with a mental health problem and substance use disorder must treat both issues. Treatment for both mental health problems and substance use disorders may include rehabilitation, medications, support groups, and talk therapy

Myths and Facts

Mental Health Problems Affect Everyone

Myth: Mental health problems don't affect me.

Fact: Mental health problems are actually very common. In 2011, about:

- One in five American adults experienced a mental health issue
- One in 10 young people experienced a period of major depression
- One in 20 Americans lived with a serious mental illness, such as schizophrenia, bipolar disorder, or major depression

Suicide is the 10th leading cause of death in

the United States. It accounts for the loss of more than 38,000 American lives each year, more than double the number of lives lost to homicide. [Learn more about mental health problems.](#)

Myth: Children don't experience mental health problems.

Fact: Even very young children may show early warning signs of mental health concerns. These mental health problems are often clinically diagnosable, and can be a product of the interaction of biological, psychological, and social factors.

Half of all mental health disorders show first signs before a person turns 14 years old, and three quarters of mental health disorders begin before age 24.

Unfortunately, less than 20% of children and adolescents with diagnosable mental health problems receive the treatment they need. Early mental health support can help a child before problems interfere with other developmental needs.

Myth: People with mental health problems are violent and unpredictable.

Fact: The vast majority of people with mental health problems are no more likely to be violent than anyone else. Most people with mental illness are not violent and only 3%-5% of violent acts can be attributed to individuals living with a serious mental

illness. In fact, people with severe mental illnesses are over 10 times more likely to be victims of violent crime than the general population. You probably know someone with a mental health problem and don't even realize it, because many people with mental health problems are highly active and productive members of our communities.

Myth: People with mental health needs, even those who are managing their mental illness, cannot tolerate the stress of holding down a job.

Fact: People with mental health problems are just as productive as other employees. Employers who hire people with mental health problems report good attendance and punctuality as well as motivation, good work, and job tenure on par with or greater than other employees.

When employees with mental health problems receive effective treatment, it can result in:

- Lower total medical costs
- Increased productivity
- Lower absenteeism
- Decreased disability costs

Myth: Personality weakness or character flaws cause mental health problems. People

~Continued on next page

What is Mental Health (Continued)

with mental health problems can snap out of it if they try hard enough.

Fact: Mental health problems have nothing to do with being lazy or weak and many people need help to get better. Many factors contribute to mental health problems, including:

- Biological factors, such as genes, physical illness, injury, or brain chemistry
- Life experiences, such as trauma or a history of abuse
- Family history of mental health problems

People with mental health problems can get better and many [recover](#) completely.

Helping Individuals with Mental Health Problems

Myth: There is no hope for people with mental health problems. Once a friend or family member develops mental health problems, he or she will never recover.

Fact: Studies show that people with mental health problems get better and many recover completely. Recovery refers to the process in which people are able to live, work, learn, and participate fully in their communities.

There are more treatments, services, and community support systems than ever before, and they work.

Myth: Therapy and self-help are a waste of time. Why bother when you can just take a pill?

Fact: Treatment for mental health problems varies depending on the individual and could include medication, therapy, or both. Many individuals work with a [support system](#) during the healing and recovery process.

Myth: I can't do anything for a person with a mental health problem.

Fact: Friends and loved ones can make a big difference. Only 38% of adults with diagnosable mental health problems and less than 20% of children and adolescents receive needed treatment. Friends and family can be important influences to help someone get the treatment and services they need by:

- Reaching out and letting them know you are available to help
- [Helping them access mental health services](#)
- Learning and sharing the facts about mental health, especially if you hear something that isn't true
- Treating them with respect, just as you would anyone else

- Refusing to define them by their diagnosis or using labels such as "crazy"

Myth: Prevention doesn't work. It is impossible to prevent mental illnesses.

Fact: Prevention of mental, emotional, and behavioral disorders focuses on addressing known risk factors such as exposure to trauma that can affect the chances that children, youth, and young adults will develop mental health problems. Promoting the social-emotional well-being of children and youth leads to:

- Higher overall productivity
- Better educational outcomes
- Lower crime rates
- Stronger economies
- Lower health care costs
- Improved quality of life
- Increased lifespan
- Improved family life



Training Opportunity

Now Playing for July/August

Training Hours can be achieved in many ways. There are training sessions, seminars, webinars, conferences, reading (books, articles, this newsletter, etc) as well as taking online courses and watching TV specials.

Drug Courts

Every month there is a notice about our Cochise County Drug Court in CASA News and Views. This month, in lieu of a video, there is a paper regarding Drug Courts from CASA of Arizona website under Training Courses.

Read the next five pages and submit a summary to Joan for training credit.



Reading and writing a summary of this paper is worth 1/2 hour of training. Send the summary to Joan for credit.

DRUG COURTS

Introduction

"Those offenders with histories of substance abuse or mental illness present a unique challenge and innovative approaches must be considered, such as Drug Courts and Family Courts, to reduce offender recidivism and to promote public safety."

Charles E. Jones (Former Chief Justice of the Arizona Supreme Court) from "A Strategic Agenda for Arizona's Courts 2002-2005"

A drug court is a special court given the responsibility to handle cases involving substance-abusing offenders through comprehensive supervision, drug testing, treatment services and immediate sanctions and incentives.

Drug courts offer a comprehensive, supportive, and therapeutic approach as an alternative to traditional methods of prosecuting cases involving offenders who are charged with substance abuse. This comprehensive approach offers the participant an extensive treatment program that involves a collaboration of judge, prosecutor, defense counsel, case managers and treatment providers. The judge both leads and works as a member of this team. A non-adversarial approach is used to

encourage and promote substance-free behavior.

The primary goal of drug courts is to put a stop to substance abuse and related criminal activity. Drug courts are unique in the criminal justice environment because they build a close collaborative relationship between criminal justice and drug treatment professionals.

How Does a Drug Court Work?

Within a cooperative courtroom environment, a judge heads a team of court staff, attorneys, probation officers, substance abuse experts, and treatment professionals all working in unison to support and monitor a participant's progress towards recovery. The team discusses the participant's progress and/or any difficulties that have arisen since his/her last appearance. All team members are then given the opportunity to provide input and make recommendations to the judge on any action that might be considered in court.

Following the team meeting, the team members attend open court. In turn, each participant presents him/herself to the bench, and discusses individual progress or any other relevant issues that have arisen since the last court hearing, directly with the judge.

This is also an opportunity for family members to discuss any issues that have arisen. Drug Court strongly encourages parental and family input, as this may be the best gauge of compliance at home.

In exchange for successful completion of the program, the court may dismiss the original charge, reduce or set aside a sentence, offer some lesser penalty, or offer a combination of these.

Participation in a drug court program is strictly voluntary.

Qualifications & Eligibility

"Drug court programs afford courts the opportunity to look beyond the criminal act that brings an individual into contact with the court system and to consider the larger context of his or her life — as well as the future of that individual in the community — rather than having to resort to unproductive incarceration."

California Supreme Court Chief Justice Ronald M. George, Spoken at the San Francisco Drug Court Graduation, December 2002. Drug Court is a voluntary program available to defendants who meet the eligibility requirements.

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DRUG COURTS (Continued)

A participant must enter a plea and begin the Drug Court program within fourteen days of his or her arrest. Each participant must complete a program for no less than one year. The program incorporates regular court appearances, intensive treatment, education, counseling, drug screening, and payment of all required fees.

Additional qualifications include:

1. The participant must be charged with a probation eligible offense.
2. The participant does not have any prior felony convictions for a violent crime or sexual offense.
3. The participant does not have a pending felony charge.
4. The participant is a legal resident.
5. The participant is willing to participate in all aspects of the Drug Court Program.

Upon successful completion of all requirements of the Drug Court program, the charges are dismissed or reduced.

Requirements

"I'm seeing something real, something that has changed people's lives. There is hope."

Mississippi Supreme Court Justice Kay Cobb, speaking to Drug Court graduates in Brookhaven,

Mississippi

Drug court programs may be very demanding. Participants receive intensive supervision composed of frequent court appearances and drug screening, along with highly structured courses of treatment and recovery services. Active monitoring of a participant's progress allows the Drug Court Team to actively support the recovery process and react quickly when appropriate therapeutic supports are necessary or to reinstate criminal proceedings when participants cannot comply with the program.

Adult felony drug courts require a minimum of 52 weeks to complete. Juvenile drug court programs require a minimum of six to ten months for completion. During this time, participants will successfully participate in: detoxification (If necessary), inpatient and outpatient treatments, substance abuse counseling and support services, drug education classes, random drug screening, and completion of community service hours.

In conjunction with these requirements the participant will receive probation, supervision, and case management services. The participant is also required to attend regularly scheduled status hearings before a judge. The Drug Court may also provide family counseling, life-skill development, and job skills training services.

The National Association of Drug Court

Professionals has set forth these eight key elements to provide a guideline and structure format for Drug Courts in the Nation.

1. Drug Courts integrate alcohol and other drug treatment services with justice case processing.
2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.
3. Eligible participants are identified early and promptly placed in the Drug Court program.
4. Drug Court provides access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
5. Frequent alcohol and other drug testing to monitor abstinence.
6. A coordinated strategy governs Drug Court responses to participants' compliance.
7. Ongoing judicial interaction with each Drug Court participant is essential.
8. Clear monitoring and evaluation measures track the achievement of individual participants' program goals and gauge the effectiveness of the program.

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DRUG COURTS (Continued)

Desired Outcomes

"Drug courts are an effective and cost efficient way to help non-violent drug offenders commit to a rigorous drug treatment program in lieu of prison. By leveraging the coercive power of the criminal justice system, drug courts can alter the behavior of non-violent, low-level drug offenders through a combination of judicial supervision, case management, mandatory drug testing, and treatment to ensure abstinence from drugs, and escalating sanctions."

Former U.S. President George W. Bush

Drug courts were created with the intent of stopping substance abuse and related criminal activity. Drug courts are unique in the criminal justice environment because they build a close collaborative relationship between criminal justice and drug treatment professionals.

Additional Resources to Review

Pima County Superior Court: Drug Court

Coconino Drug Court

Office of National Drug Control Policy

National Association of Drug Court Professionals

"Juvenile Drug Courts: Strategies in Practice", U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance

Benefits of Drug Court

Drug Courts have been proven to reduce recidivism and prevent relapses, which in turn reduces jail overcrowding. Statistical evidence and research supports the proposition that drug courts reduce criminal activity. For example, a study conducted in 1998 by the University of Utah's School of Social Work revealed that recidivism rates for local drug court graduates remained at a steady seven percent. In contrast, the US Justice Department estimates that approximately 45 percent of offenders convicted of similar charges but whom have not participated in drug court will relapse and commit another crime. This recidivism rate is even higher, at 60 percent, for offenders imprisoned for their convictions. Reduced recidivism reduces jail overcrowding.

Drug courts additionally work by saving tax-

dollars. For example, drug court treatment for one offender costs approximately seven dollars per day. This is compared to the \$50 dollar a day cost of incarcerating one individual in a state prison. The state of Arizona has noted significant financial benefits of the drug court program. In the year 2001, total incarceration costs avoided by Maricopa County were \$129,347.40.

Drug Courts have shown significant public health benefits as well. The US Department of Justice reports that over 500 drug free babies have been delivered to female drug court participants while enrolled in the program. Programs such as alumni support groups also emphasize long-term success and give participants the tools and experience necessary to rebuild their lives.

Breaking the cycle of addiction and adopting a drug-free lifestyle has shown to reduce emergency room, hospital, and medical costs.

Drug courts also provide opportunity for education and/or vocational training. This often reduces the need for public assistance and assists the participant in developing skills for self sufficiency.

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DRUG COURTS (Continued)

Ramifications of Substance Abuse

Drug courts were created with the intent of stopping substance abuse and related criminal activity. Drug courts are unique in the criminal justice environment because they build a close collaborative relationship between criminal justice and drug treatment professionals.

Former U.S. Senator Ben Nighthorse Campbell

The Costs of Substance Abuse

In the year 2000, drug abuse cost American society an estimated 160 billion dollars. More significant are the immeasurable losses that are represented by this staggering figure; the destruction of lives, the damage of addiction, fatalities from car accidents, illness, and lost opportunities and dreams.

Drug abuse drives some of America's most costly social problems—including domestic violence, child abuse, chronic mental illness, the spread of AIDS, and homelessness. Drug treatment costs, hospitalization for long-term drug-related disease, and treatment of the consequences of family violence burden our already strapped health care system. Illicit drug users make over 527,000 costly

emergency room visits each year for drug related problems.*

In 2000, there were more than 600,000 hospital emergency department drug episodes in the United States. Health care costs for drug abuse alone were about \$15 billion. The Center for Disease Control and Prevention has estimated that 36 percent of new HIV cases are directly or indirectly linked to drug users who inject illegal substances into their bloodstream.

(Source: United States Drug Enforcement Agency)

Homelessness

The rate of drug abuse among the homeless has been conservatively estimated at better than 50 percent. Chronic mental illness is inextricably linked with drug abuse. In Philadelphia, nearly half of the VA's mental patients abused drugs. The prevalence of drug use within the homeless population is substantially higher than that found in the general population.

Unemployment

While a small percentage of drug court participants have steady jobs at the time they enter the program, a substantial number

(generally more than 65%) are unemployed or employed only on a sporadic basis. (Many of the individuals who are employed at the time of entry into a drug court program report that they were able to retain employment by demonstrating participation in the drug court. Additionally, a high proportion of unemployed individuals obtain employment while participating in a drug court program).

In Arizona, as in most states, working while under the influence of illegal substances is grounds for termination of employment. Additionally, Arizona's unemployment compensation law may disqualify an individual from receiving benefits if the employee is discharged for willful or negligent misconduct associated with employment. Misconduct includes, among other things, repeated intoxication, whether from the use of intoxicating liquor or the use of illegal drugs on the employer's premises or when reporting to work, as well as a violation of any rule of conduct or safety. Misconduct also includes failure to pass, or refusal to take a drug test or alcohol impairment test administered by or at the request of the employer. (Ariz. Rev. Stat. Ann. § 23-775 (1993), § 23-619.01 (b) 1994.)

According to Arizona Revised Statute § 23-493.05, an employer may take adverse employment action based on a positive drug test or alcohol impairment test. On receipt of

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DRUG COURTS (Continued)

a positive drug test or alcohol impairment test result that indicates a violation of the employer's written policy, on the refusal of an employee or prospective employee to provide a drug testing sample or on the refusal of an employee to provide an alcohol impairment testing sample, an employer may use that test result or test refusal as a basis for disciplinary or rehabilitative actions that may include any of the following:

1. A requirement that the employee enroll in an employer provided or employer approved rehabilitation, treatment or counseling program, which may include additional drug testing and alcohol impairment testing, participation in which may be a condition of continued employment and the costs of which may or may not be covered by the employer's health plan or policies.
2. Suspension of the employee, with or without pay, for a designated period of time.
3. Termination of employment.
4. In the case of drug testing, refusal to hire a prospective employee.
5. Other adverse employment action.

Unemployment is one of many serious repercussions of using illegal substances.

Incarceration

Increased efforts by law enforcement to reduce substance abuse and narcotics trafficking have resulted in the arrest, prosecution and incarceration of tens of thousands of persons each year for crimes associated with the possession and use of illegal drugs. Drug offenders account for more than one-third of the growth in the state prison population and more than 80 percent of the increase in the number of federal prison inmates since 1985.¹

In 1996, a voter's referendum in Arizona referred to as the Drug Medicalization, Prevention and Control Act (Also known as Proposition 200) rewrote the statutes for drug possession. Simply put, the first time a person is convicted of possession of marijuana or other illegal substances, the law requires a sentence of probation and drug counseling. The second conviction also earns a probation sentence but can include jail time. After a third conviction, the defendant can be sentenced to prison.²

However, in Arizona, more serious drugs carry increasingly stricter penalties, such as substantial prison terms and large fines. A person arrested for possession of illegal drugs may often be charged with a felony.

There is no question that drug abuse is not only costly and harmful to the user, but to

society as a whole.

Sources

¹ Substance Abuse: The Nation's Number One Health Problem, prepared by the Schneider Institute for Health Policy, Brandeis University for The Robert Wood Johnson Foundation, 2001.

² Michael Kiefer, The Arizona Republic, July 26, 2004

New Jersey Judiciary

Juvenile Drug Courts: Strategies in Practice



Stephen Klinefelter, CASA

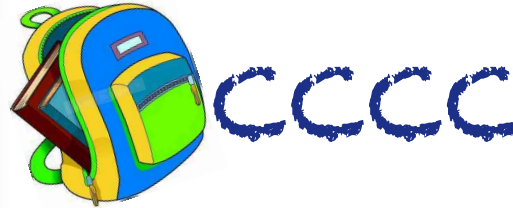
*Court Minute Entry Order dtd May 14, 2013
Juvenile Probation Officer comments*

Mr. Hamilton presented the position of the Probation Department with respect to disposition expressing appreciation to the CASA and the Juvenile's grandfather for all their hard work.

Jan and Bud Dragoo, CASAs Mary Blanchard, Co-CASA

CPS Manager's, Laura Necas, Progress Report dtd June 28, 2013

The CASA volunteers continue to provide support to S and this worker and it is very much appreciated. Their advocacy, along with financial assistance when needed, have made many things possible.



Cochise County Council for CASA

is a nonprofit organization that raises funds to the unmet needs of abused neglected and abandoned children in the CASA of Cochise County Program. The primary focus is to ensure that educational progress of CASA children through tutoring and scholarships. In addition the council provides clothing, toys and personal items.

If your CASA child/youth has an unmet need, consider the Cochise County Council for CASA to help!!

Call your CASA Coordinator
at 432-7521 **OR**

Send an email to

jhansen@courts.az.gov



Drug Court Parents Meeting

First Monday of each month

5:45pm

JPO Conference Room

CASA Volunteers are encouraged to help with this activity. This requires an orientation with Drug Court Coordinator Kris Sullivan and the signing of a confidentiality agreement.

Spontaneous attendance at a meeting is not permitted.

If you are interested, please contact Joan and she can put you in touch with Kris Sullivan.

*Also contact Ginger Shreve
for information.*

520-220-7555



Straight from the Manual

Advocacy Academy Manual Section One

Revised 9/09

Juvenile Court Procedure

The juvenile court, a division of the County Superior Court, has the authority to hear cases involving children ages birth to 18 years. These cases include adoption, termination of the parent-child relationship, delinquent youth (juvenile criminal), incorrigible children (including runaways, out-of-parental control, or actions taken by a child considered delinquent if performed by a child eight years or older), and dependency cases (child abuse or neglect).

While juvenile proceedings may be less formal than other superior court proceedings, Arizona Revised Statutes, Rules of Evidence, and Rules of Procedure for the Juvenile Court must be followed. The parties, including juveniles, have constitutional rights to due process before the juvenile court can act to intervene in lives of children and families. Juvenile court orders direct parties of

the case to act based upon facts presented before the court in hearings or other formal procedures. **Court orders take precedence over any other actions or recommendations by other state agencies or parties unless overturned by appeal by the Arizona Court of Appeals or the Arizona Supreme Court.** A CASA volunteer benefits from this authority through the Court Order of Appointment. Essentially, the court order gives the CASA access to confidential information without prior approval for purposes of providing information to the juvenile court.

- Certain agencies functioning under federal law, regulations, and statutes are not required to honor a CASA volunteer's court order. Generally, federally-funded facilities that treat substance abuse do not have to initially honor a CASA's court order. Arrangements for confidential information from these types of facilities need to be made by the county coordinator.
- Since the court is not a social service agency, it cannot find a child "dependent" just because services are needed or it appears to be in the child's

best interest. A dependency will be granted by the court only if sufficient legal grounds are present.

- In dependency matters the juvenile court operates with the presumption that the parent-child relationship is fundamental. The burden of proof is on the petitioner to overcome this presumption. Usually Child Protective Services and the Attorney General's Office petition the court. However, private parties can petition the court to ask for an initial dependency hearing.
- The standard of proof to declare a child dependent in non-Indian Child Welfare Act (ICWA) cases is "by the preponderance of the evidence". This means it is more likely than not that the allegations contained in the petition are true.
- A "clear and convincing" standard of proof requires that more than the majority of evidence points to one conclusion. This standard is applied to de-

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Straight from the Manual [Continued]

pendency hearings involving Indian children, mental health commitment proceedings, and severance proceedings for non-ICWA cases.

- The “beyond a reasonable doubt” standard of proof requires that evidence points to one conclusion. This standard of proof is required for severance proceedings involving Indian children and delinquency proceedings for all children.
- Once a child is adjudicated dependent, delinquent, or incorrigible, the child becomes a “ward of the court.” This means, in essence, that the child becomes “the court’s child.”
- Some juvenile court matters are heard by commissioners or judges pro tempore. Juvenile court commissioners are appointed by the presiding juvenile court judge. A commissioner may perform all functions of a juvenile court judge except hearing contested cases in which a parent might lose custody

and cases in which a juvenile might be committed to the Department of Corrections. A judge, commissioner, and judge pro tempore are all judicial officers.

- A judicial officer will preside over juvenile court proceedings, hear testimony, rule on the admissibility of evidence, determine credibility or weight to be given to the testimony or exhibits, and make findings of fact and decisions. The judicial officer will also make orders to implement decisions.
- Various other personnel or the public may be at court hearings, which are “open” in Arizona. The judge may decide to “close” a dependency hearing based on a justifiable reason from a party. The juvenile court clerk keeps a written summary of what occurred during hearings, administers the oath to witnesses, and is responsible for exhibits. The court reporter will record everything said during the proceedings and later will prepare a transcript

of the hearing, in case it is required for an appeal or other purposes.

- The parties to the hearing may each have an attorney. The attorney is responsible for giving advice to the client and presenting the best case possible for the client. Unlike a criminal hearing that almost always has only two parties, it is possible to have more than two parties at a dependency hearing.

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Straight from the Manual [Continued]

Advocacy Academy Manual Section One

Revised 9/09

Federal Child Abuse and Neglect Laws

1974: Child Abuse Prevention and Treatment Act (CAPTA)

Public Law 93-247, amended in 1996

Created the National Center on Child Abuse and Neglect and earmarked federal funds for states to establish special programs for child victims of abuse or neglect.

This law requires that states:

- Have child abuse and neglect reporting laws.
- Investigate reports of abuse and neglect.
- Educate the public about abuse and neglect.
- Provide a guardian ad litem to every abused or neglected child whose case results in a judicial proceeding.
- Maintain the confidentiality of child protective services records.

1978: Indian Child Welfare Act (ICWA)

Public Law 95-608

- Recognizes that Indian children have special rights as members of sovereign nations within the United States
- Responded to congressional hearings in the 1970s that revealed a pattern of public and private removal of Indian children from their homes, undermining their families and threatening tribal survival and Native American cultures
- Was designed to implement the federal government's trust responsibility to the nations by protecting and preserving the bond between Indian children and their tribe and culture
- Sets up placement preference schemes for foster care placements and adoptions of children who have been determined to be Indian children
- Establishes the right of certain entities, including the tribe and the Indian custodian, if one exists, to appear as parties to child welfare cases
- Determines when and if a case should be transferred to tribal court
- Describes rights of the Indian child and the child's tribe

For CASA volunteers:

- Ask whether every child has Native heritage.
- Research tribal resources and services that can be of great benefit to the child.
- Be aware that jurisdiction can be transferred to the tribal court.
- Pay attention to the heritage and identity needs of the child.
- Remember that ASFA timelines (see next page) do not apply to Indian children.
- Keep in mind that ICWA takes precedence over other federal and state law.

1980: Adoption Assistance and Child Welfare Act—Public Law 96-272

This law requires that states:

- Recruit culturally diverse foster and adoptive families.
- Comply with the Indian Child Welfare Act.
- Establish standards for foster family homes and review the standards periodically.
- Set goals and a plan for the number of children who will be in foster care for

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Straight from the Manual [Continued]

- more than 24 months.
- Provide "reasonable efforts" to prevent or eliminate the need for removal of the child from his/her home or to make it possible for the child to return to his/her home.
- Have a data collection and reporting system about the children in care.

For CASA volunteers:

- Consider possible placements that respect the child's cultural heritage but do not limit his/her options.
- Learn the name of the data collection system used in Arizona.
- Learn how to access this information

1990: Indian Child Protection and Family Violence Protection Act

- Establishes federal requirements for the reporting and investigation of child abuse and neglect on tribal lands
- Requires background checks on individuals who have contact with Indian children (including foster and adoptive families)
- Authorizes funding for tribal child abuse prevention and treatment programs

1993: Court Improvement Legislation

Encourages reform in the court system

1994: Multi-Ethnic Placement Act (MEPA)

The goals of this law are to:

- Decrease the time children wait to be adopted.
- Prevent discrimination on the basis of race, color, or national origin in the placement of children and in the selection of foster and adoptive placements.
- Facilitate the development of a diverse pool of foster and adoptive families.

1996: Child Abuse Prevention and Treatment Act (CAPTA) Amended

Amended to include Court Appointed Special Advocates as guardian ad litem

1997: Adoption and Safe Families Act (ASFA)—Public Law 105-89

This act embodies three key principles:

- The safety of children is the paramount concern
- Foster care is a temporary setting and

- not a place for children to grow up
- Permanency planning should begin as soon as the child enters foster care

The act directs timelines within which the child welfare system operates:

- Requires permanency plan within 12 months
- Requires dispositional hearing within 12 months of placement
- Requires court reviews every six months

1997: Adoption and Safe Families Act (ASFA)—Public Law 105-89

Limits liability of volunteers

1999: Foster Care Independence Act

Addresses needs of older youth in foster care, particularly those aging out of the system

On the Road Again with the Dragoos



This was the last day of our 6000 mile, 17-state trip this year. It's at Elephant Butte State Park in New Mexico. Our thanks to Mary Blanchard, our Co-Casa, who monitored our case so diligently while we were away.

Bud and Jan Dragoo

Keeping up with 17-yr-old granddaughter in Belize



Soaking in a warm springs pool after river tubing



Our tiny island in the Belize Barrier Reef



Fulfilled at last...a decades-long desire to SCUBA!



LuRue relaxing with special CASA tote bag!